

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO 09/831532	FILING DATE
APPLICANT(S)	

A
CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2		2			
4	0		2			
5	0		2			
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TOTAL IND.	/		/			
TOTAL DEP.	8	↔	3	↔		↔
TOTAL CLAIMS	9	[REDACTED]	14	[REDACTED]		[REDACTED]

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL IND.				
TOTAL DEP.		↔		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]

BEST AVAILABLE COPY